



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	22.9 million (mid-2007)
Estimated Population Living with HIV/AIDS**	320,000 [270,000-380,000] (end 2005)
Adult HIV Prevalence**	2.3% [1.9-2.6%] (end 2005)
HIV Prevalence in Most-At-Risk Populations***	Sex Workers: Stationary Sex Workers (Accra) 52% (2006) and Mobile Sex Workers (Accra) 37% (2006)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	16% (end 2006)

* U.S. Census Bureau **UNAIDS ***SHARP 2006 ****WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

Ghana's estimated adult HIV/AIDS prevalence was 2.3 percent in 2005. Currently, the country's epidemic is stable. After Ghana's first case of HIV was reported in 1986, the disease spread slowly but steadily until 2003, when prevalence peaked at 3.1 percent. Prevalence data from antenatal care clinics ranged from 2.3 to 3.6 percent between 2000 and 2006. UNAIDS estimates that 320,000 people in Ghana are HIV positive.

Sex workers and their clients are the groups in Ghana who are most vulnerable to HIV infection and are the driving force behind the country's epidemic. Commercial sex workers (CSWs) and men who have sex with men (MSM) contribute disproportionately to the number of new infections. A recent study of CSWs in Accra reported by Strengthening HIV/AIDS Response Partnerships (SHARP) in 2006 found that 52 percent of

stationary and 37 percent of mobile sex workers had HIV. According to UNAIDS, a study conducted in three prisons in Nsawan and Accra revealed high HIV prevalence among inmates (19 percent), the most likely cause of which was sex between men, followed by injecting drug use. At 8.5 percent, HIV prevalence was also high among officers at the prisons. Among the general population, married women are nearly three times as likely to be HIV-infected than women who have never been married, while mobility appears to be a risk factor among men. HIV prevalence differs very little between urban and rural areas in Ghana. However, regional differences are more apparent; prevalence among pregnant women ranged from 1.2 percent in the northern region to 4.7 percent in the eastern region, according to UNAIDS.

There is widespread knowledge of HIV and modes of transmission in Ghana; however, stigma and discrimination are common. Such hostility leads people living with HIV/AIDS (PLWHA) to hide their HIV status, thus reducing their chances of obtaining proper treatment. According to the 2003 Ghana Demographic and Health Survey, only 15 percent of men and 8 percent of women were found to have accepting attitudes toward people with HIV. Factors that put the country at risk of a broader epidemic include high levels of transactional sex, high-risk sexual behavior among youth, marriage and gender relations that disadvantage women and make them vulnerable to HIV, and inaccurate perceptions of personal risk. Transfusions of blood and blood products account for 5 percent of all HIV transmissions in Ghana.

Children affected by HIV/AIDS are found in all parts of the country. Results from a national survey on services for orphans and vulnerable children (OVC) conducted in June 2005 by the Ministry of Local Government and Rural Development indicated there were an estimated 208,628 OVC in 96 out of 110 districts nationally. Of these, only 133,779 were receiving various forms of support. Traditionally, many Ghanaian communities have absorbed these affected children within the extended family system. This trend, however, is gradually changing over the years with urbanization, industrialization, and the breakdown of the extended family system.

Although Ghana is not among the World Health Organization's (WHO) 22 high-burden countries for tuberculosis (TB), the disease is a major health problem in the country. According to WHO, the TB incidence rate in Ghana was 90 cases per 100,000 population in 2006. TB incidence is also fueled by the HIV/AIDS epidemic. Approximately 12 percent of adult TB cases are HIV positive. Impact modeling shows that HIV infection among TB patients could increase to 59 percent by 2009, and by 2015 an additional 30,000 new TB cases could be attributable to HIV/AIDS annually.



National Response

The Government of Ghana is responding actively to the HIV/AIDS epidemic. The Ghana AIDS Commission is the coordinating body for all HIV/AIDS-related activities in the country; it oversees the response to the epidemic and implements the National Strategic Framework on HIV/AIDS for 2006–2010. The current framework, building upon the successes of the National Strategic Framework on HIV/AIDS for 2001–2005, is based on seven key intervention areas:

- Promoting HIV/AIDS policy, advocacy, and an enabling environment
- Coordinating and managing a decentralized response
- Mitigating the social, cultural, legal, and economic impacts of HIV/AIDS
- Communicating prevention and behavior change messages
- Providing treatment, care, and support to HIV-infected and -affected individuals
- Conducting HIV/AIDS research, surveillance, and monitoring and evaluation
- Mobilizing resources and funding to respond to the epidemic

Programs are currently in place by the Ministry of Education to introduce youth counseling, peer education, and HIV/AIDS life skills education into the curricula of teacher training colleges. The Ministry of Employment and Social Welfare also has ongoing HIV/AIDS workplace programs to prevent the spread of HIV/AIDS in Ghana.

Ghana is a signatory of a number of continental and international treaties, conventions, and declarations on HIV/AIDS, including the Abuja Declaration of 1998 and the Declaration of Commitment on HIV/AIDS adopted by UNGASS in June 2001. As such, Ghana has reaffirmed its commitment to a comprehensive HIV/AIDS response that includes protecting PLWHA from discrimination. Since 2001, the Government has earmarked 15 percent of its annual health budget for HIV/AIDS activities, and all ministries are required to have an HIV/AIDS budget line.

The Government of Ghana has received a five-year, \$33 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria for TB activities. In 2006, the Ministry of Health received a fifth-round grant from the Global Fund to accelerate access to prevention, treatment, and care and support for HIV/AIDS to achieve the Millennium Development Goals. The U.S. Government provides one-third of the Global Fund's total contributions.

USAID Support

Through the U.S. Agency for International Development (USAID), Ghana in fiscal year 2008 received \$6.94 million for essential HIV/AIDS programs and services. USAID programs in Ghana are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

USAID/Ghana's key strategic priorities are preventing HIV in high-risk populations, reducing HIV transmission from high-risk individuals to the general population, addressing stigma and discrimination, and providing comprehensive prevention and care and access to treatment for PLWHA, their partners, and families. The prevention of HIV in high-risk populations focuses on CSWs, MSM, and discordant couples. USAID is the only donor supporting MSM programs in Ghana, which include drop-in centers, MSM-friendly sexually transmitted infection (STI) clinics, and peer education programs. These programs promote access to services, correct and consistent condom and lubricant use, and partner reduction. In 2007, USAID targeted 10,136 MSM with its programs. Sex workers and their clients are another key at-risk target group. USAID reached 30,709 sex workers and nonpaying partners in 2007, and 70,000 clients with HIV prevention programs. Programs provide comprehensive prevention and care services, including voluntary counseling and testing, prevention of mother-to-child HIV transmission (PMTCT), and TB and palliative care, to promote the adoption of safer sexual behaviors, reduce HIV transmission, and provide services for those infected and their partners and families. USAID reached 32,053 PLWHA with services in 2007. USAID/West Africa, through a cross-border initiative, provides services to sex workers and their clients who frequently cross Ghanaian borders. Activities also target discordant couples with "positive living" programs (with topics ranging from nutrition to family

planning) and clinical interventions, and PLWHA with support to disclose their status to their sexual partners and adopt risk reduction strategies.

Stigma and discrimination appear to be the overarching factors hindering an effective HIV/AIDS response at all levels; therefore, USAID combats stigma and discrimination at the political, community, and individual levels. USAID has worked with more than 40 partner organizations to jointly tackle stigma in Ghana. The goal is to reduce stigmatizing behaviors nationwide, but USAID focuses on those who are deeply involved (police, the judiciary, and PLWHA). In addition, within the civil service, trusted focal points need to be established to address complaints, and health care staff need to develop compassionate attitudes toward PLWHA. Appropriate training materials have been developed for both Christian and Muslim clergy, police, and health workers to sensitize them to the challenges of working with PLWHA, sex workers, and MSM. Health staff in Global Fund sites will be trained in antistigma interventions.

The Global Fund has mostly exceeded its training targets for antiretroviral drug service providers in recent years, but Fund-supported sites consistently have problems in reaching targets for the number of people receiving antiretroviral therapy (ART). To address this challenge, USAID will provide assistance to 25 sites, mostly located in USAID/Ghana's 27 focus districts. Technical support will be provided for community preparation, quality assurance, and ART and test kit logistics. Within the clinics, services linkages will be created between STI, TB, PMTCT, and family planning services, and a stigma reduction program will be offered for health staff. The number of pediatric ART clients will be rapidly scaled up once issues with low use of pediatric HIV-related services are more clearly understood after an assessment is completed. Active case finding and support to access services are used by nongovernmental organizations. All Global Fund facilities will be linked with community support groups (including PLWHA organizations and sex worker and MSM groups) to ensure that referral networks are in place and care and psychosocial support are provided to individuals seen at the clinics. Nutritional support will be provided with combined Food for Peace and child survival and health funding to provide nutritional supplements to those most in need, including OVC. OVC will be provided with skills-building opportunities and financial support to finish their education and assist caregivers. The Agency also has provided nutrient-dense take-home food rations to more than 14,000 PLWHA, OVC, and their family members, and psychosocial counseling to 686 others.

Ghana is also covered by the USAID West Africa Regional Program, which was created to address development challenges, including HIV/AIDS, through regional approaches that complement and support country and USAID's bilateral efforts. The West Africa Regional Program employs cross-border interventions, the sharing of best practices, policy and advocacy, capacity building, and small grants programs to reduce the spread of HIV/AIDS and the disease's impact on the region.

Important Links and Contacts

USAID/Ghana
E45-3 Independence Avenue
Accra, Ghana
Tel: 233-21-228440, 780580
Fax: 233-21-231937
Web site: <http://www.usaid.gov/missions/gh/>

USAID HIV/AIDS Web site for Ghana: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/ghana.html

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids

September 2008